

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782936	FILING DATE 2-14-01					
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3	1						53						
4	1						54						
5		2					55						
6		1					56						
7							57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17	1						67						
18		1					68						
19		1					69						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		1				TOTAL IND.						
TOTAL DEP.		19		5			TOTAL DEP.						
TOTAL CLAIMS		24		6			TOTAL CLAIMS						

PTO-1369 (3-)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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